

107TH CONGRESS
2D SESSION

H. R. 3793

To educate health professionals concerning substance abuse and addiction.

IN THE HOUSE OF REPRESENTATIVES

FEBRUARY 26, 2002

Mr. KENNEDY of Rhode Island introduced the following bill; which was
referred to the Committee on Energy and Commerce

A BILL

To educate health professionals concerning substance abuse
and addiction.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Health Professionals
5 Substance Abuse Education Act”.

6 **SEC. 2. FINDINGS AND PURPOSE.**

7 (a) FINDINGS.—Congress makes the following find-
8 ings:

9 (1) Illegal drugs and alcohol are responsible for
10 thousands of deaths each year, and they fuel the
11 spread of a number of communicable diseases, in-

cluding AIDS and Hepatitis C, as well as some of the worst social problems in the United States, including child abuse, domestic violence, and sexual assault.

(2) There are an estimated 14,800,000 current drug users in America, more than 4,000,000 of whom are addicts. An estimated 14,000,000 Americans abuse alcohol or are alcoholic.

(3) There is a significant treatment gap in the United States. Nearly 4,000,000 drug users who are in need of immediate treatment are not receiving it. This includes more than 1,200,000 children ages 12 to 25. These numbers do not take into account the number of alcoholics in need of treatment.

(4) There are more than 28,000,000 children of alcoholics in America, almost 11,000,000 of whom are under 18 years of age. Countless other children are affected by substance abusing parents or other caretakers. Health professionals are uniquely positioned to help reduce or prevent alcohol and other drug-related impairment by identifying affected families and youth and by providing early intervention.

(5) Drug addiction is a chronic relapsing disease. As with other chronic relapsing diseases (such as diabetes, hypertension and asthma), there is no

1 cure, although a number of treatments can effec-
2 tively control the disease. According to an article
3 published in the Journal of the American Medical
4 Association, treatment for addiction works just as
5 well as treatment for other chronic relapsing dis-
6 eases.

7 (6) Drug treatment is cost effective, even when
8 compared with residential treatment, the most ex-
9 pensive type of treatment. Residential treatment for
10 cocaine addiction costs between \$15,000 and
11 \$20,000 a year, a substantial savings compared to
12 incarceration (costing nearly \$40,000 a year), or un-
13 treated addiction (costing more than \$43,000 a
14 year). Also, in 1998, substance abuse and addiction
15 accounted for approximately \$10,000,000,000 in
16 Federal, State, and local government spending sim-
17 ply to maintain the child welfare system. The eco-
18 nomic costs associated with fetal alcohol syndrome
19 were estimated at \$1,900,000,000 for 1992.

20 (7) Many doctors and other health professionals
21 are unprepared to recognize substance abuse in their
22 patients or their families and intervene in an appro-
23 priate manner. Only 56 percent of residency pro-
24 grams have a required curriculum in preventing or
25 treating substance abuse.

1 (8) Fewer than 1 in 5 doctors (only 19 percent)
2 feel confident about diagnosing alcoholism, and only
3 17 percent feel qualified to identify illegal drug use.

4 (9) Most doctors who are in a position to make
5 a diagnosis of alcoholism or drug addiction do not
6 believe that treatment works (less than 4 percent for
7 alcoholism and only 2 percent for drugs).

8 (10) According to a survey by the National
9 Center on Addiction and Substance Abuse at Colum-
10 bia University (referred to in this section as
11 “CASA”), 94 percent of primary care physicians
12 and 40 percent of pediatricians presented with a
13 classic description of an alcoholic or drug addict, re-
14 spectively, failed to properly recognize the problem.

15 (11) Another CASA report revealed that fewer
16 than 1 percent of doctors presented with the classic
17 profile of an alcoholic older woman could diagnose it
18 properly. Eighty-two percent misdiagnosed it as de-
19 pression, some treatments for which are dangerous
20 when taken with alcohol.

21 (12) Training can greatly increase the degree to
22 which medical and other health professionals screen
23 patients for substance abuse. It can also increase the
24 manner by which such professionals screen children
25 and youth who may be impacted by the addiction of

1 a parent or other primary caretaker. Boston Univer-
2 sity Medical School researchers designed and con-
3 ducted a seminar on detection and brief intervention
4 of substance abuse for doctors, nurses, physician's
5 assistants, social workers and psychologists. Follow-
6 up studies reveal that 91 percent of those who par-
7 ticipated in the seminar report that they are still
8 using the techniques up to 5 years later.

9 (13) According to the National Clearinghouse
10 for Alcohol and Drug Information, drug and alcohol
11 abuse account for more than \$400,000,000,000 in
12 health care costs each year. Arming health care pro-
13 fessionals with the information they need in order to
14 intervene and prevent further substance abuse could
15 lead to a significant cost savings.

16 (14) A study conducted by doctors at the Uni-
17 versity of Wisconsin found a \$947 net savings pa-
18 tient in health care, accident, and criminal justice
19 costs for each individual screened and, if appro-
20 priate, for whom intervention was made, with re-
21 spect to alcohol problems.

22 (b) PURPOSE.—It is the purpose of this Act to—

23 (1) improve the ability of health care profes-
24 sionals to identify and assist their patients with sub-
25 stance abuse;

1 (2) improve the ability of health care profes-
2 sionals to identify and assist children and youth af-
3 fected by substance abuse in their families; and

4 (3) help establish an infrastructure to train
5 health care professionals about substance abuse
6 issues.

7 **SEC. 3. HEALTH PROFESSION EDUCATION.**

8 (a) SECRETARY OF HEALTH AND HUMAN SERV-
9 ICES.—The Secretary of Health and Human Services may
10 enter into interagency agreements with the Health Re-
11 sources Services Administration or the Substance Abuse
12 and Mental Health Services Administration to enable each
13 such Administration to carry out activities to train health
14 professionals (who are generalists and not already special-
15 ists in substance abuse) so that they are competent to—

16 (1) recognize substance abuse in their patients
17 or the family members of their patients;

18 (2) intervene, treat, or refer for treatment those
19 individuals who are affected by substance abuse;

20 (3) identify and assist children of substance
21 abusing parents; and

22 (4) serve as advocates and resources for com-
23 munity-based substance abuse prevention programs.

24 (b) USE OF FUNDS.—Amounts received under an
25 interagency agreement under this section shall be used—

1 (1) with respect to the Health Resources and
2 Services Administration, to support the Association
3 for Medical Education and Research in Substance
4 Abuse (AMERSA) Interdisciplinary Project; and

5 (2) with respect to the Substance Abuse and
6 Mental Health Services Administration, to support
7 the Addiction Technology Transfer Centers coun-
8 selor training programs to train other health profes-
9 sionals.

10 (c) COLLABORATION.—To be eligible to enter into an
11 interagency agreement under this section the Health Re-
12 sources and Services Administration or the Substance
13 Abuse and Mental Health Services Administration shall
14 demonstrate that such Administration will participate in
15 interdisciplinary collaboration and collaborate with other
16 nongovernmental organizations with respect to activities
17 carried out under this section.

18 (d) EVALUATIONS.—The Health Resources and Serv-
19 ices Administration and the Substance Abuse and Mental
20 Health Services Administration shall conduct a process
21 and outcome evaluation of the programs and activities car-
22 ried out with funds received under this section, and shall
23 provide semi-annual reports to the Secretary of Health
24 Human Services and the Director of the Office of National
25 Drug Control Policy.

1 (e) DEFINITIONS.—In this section—

2 (1) the term “health professional” means a doc-
3 tor, nurse, physician assistant, nurse practitioner,
4 social worker, psychologist, pharmacist, osteopath,
5 or other individual who is licensed, accredited, or
6 certified under State law to provide specified health
7 care services and who is operating within the scope
8 of such licensure, accreditation, or certification; and

9 (2) the terms “doctor”, “nurse”, “physician as-
10 sistant”, “nurse practitioner”, “social worker”,
11 “psychologist”, “pharmacist”, and “osteopath” shall
12 have the meanings given such terms for purposes of
13 titles VII and VIII of the Public Health Service Act
14 (42 U.S.C. 292 et seq and 296 et seq.).

15 (f) AUTHORIZATION OF APPROPRIATIONS.—There is
16 authorized to be appropriated to carry out this section,
17 \$5,500,000 for each of fiscal years 2002 through 2006,
18 of which \$1,000,000 in each such fiscal year shall be made
19 available to the Substance Abuse and Mental Health Serv-
20 ices Administration and \$4,500,000 in each such fiscal
21 year shall be made available to the Health Resources and
22 Services Administration, to carry out this section.
23 Amounts made available under this subsection shall be
24 used to supplement and not supplant amounts being used

1 on the date of enactment of this Act for activities of the
2 types described in this section.

3 **SEC. 4. SUBSTANCE ABUSE FACULTY FELLOWSHIP.**

4 (a) ESTABLISHMENT.—The Secretary of Health and
5 Human Services (referred to in this section as the “Sec-
6 retary”) shall establish and administer a substance abuse
7 faculty fellowship program under which the Secretary
8 shall provide assistance to eligible institutions to enable
9 such institutions to employ individuals to serve as faculty
10 and provide substance abuse training in a multi-discipline
11 manner.

12 (b) ELIGIBILITY.—

13 (1) INSTITUTIONS.—To be eligible to receive as-
14 sistance under this section, an institution shall—

15 (A) be an accredited medical school or
16 nursing school, or be an institution of higher
17 education that offers one or more of the
18 following—

19 (i) an accredited physician assistant
20 program;

21 (ii) an accredited nurse practitioner
22 program;

23 (iii) a graduate program in pharmacy;

24 (iv) a graduate program in public
25 health;

1 (v) a graduate program in social
2 work; or

3 (vi) a graduate program in psy-
4 chology; and

5 (B) prepare and submit to the Secretary
6 an application at such time, in such manner,
7 and containing such information as the Sec-
8 retary may require.

9 (2) INDIVIDUALS.—To be eligible to receive a
10 fellowship from an eligible institution under this sec-
11 tion, an individual shall prepare and submit to the
12 institution an application at such time, in such man-
13 ner, and containing such information as the institu-
14 tion may require.

15 (c) USE OF FUNDS.—

16 (1) IN GENERAL.—An eligible institution shall
17 utilize assistance received under this section to pro-
18 vide one or more fellowships to eligible individuals.
19 Such assistance shall be used to pay not to exceed
20 50 percent of the annual salary of the individual
21 under such a fellowship for a 5-year period.

22 (2) FELLOWSHIPS.—Under a fellowship under
23 paragraph (1), an individual shall—

24 (A) devote a substantial number of teach-
25 ing hours to substance abuse issues (as part of

1 both required and elective courses) at the insti-
2 tution involved during the period of the fellow-
3 ship; and

4 (B) attempt to incorporate substance
5 abuse issues into the required curriculum of the
6 institution in a manner that is likely to be sus-
7 tained after the period of the fellowship ends.

8 Courses described in this paragraph should be
9 taught as part of several different health care train-
10 ing programs at the institution involved.

11 (3) EVALUATIONS.—The Secretary shall con-
12 duct a process and outcome evaluation of the pro-
13 grams and activities carried out with amounts ap-
14 propriated under this section and shall provide semi-
15 annual reports to the Director of the Office of Na-
16 tional Drug Control Policy and the Secretary of
17 Health and Human Services.

18 (d) AUTHORIZATION OF APPROPRIATIONS.—There is
19 authorized to be appropriated to carry out this section,
20 \$3,500,000 for each of the fiscal years 2002 through
21 2006. Amounts made available under this subsection shall
22 be used to supplement and not supplant amounts being
23 used on the date of enactment of this Act for activities
24 of the types described in this section.

1 **SEC. 5. OVERSIGHT COMMITTEE.**

2 (a) IN GENERAL.—The Director of the Office of Na-
3 tional Drug Control Policy shall convene an interagency
4 oversight committee, composed of representatives of the
5 Health Resources and Services Administration, as well as
6 the National Institute on Drug Abuse, the National Insti-
7 tute on Alcohol Abuse and Alcoholism, the Substance
8 Abuse and Mental Health Services Administration, and
9 the National Institute on Mental Health, and non-govern-
10 mental organizations determined to be experts in the field
11 of substance abuse, to receive updates concerning and co-
12 ordinate the Federal activities funded under this Act and
13 the activities of various Federal agencies, toward the goal
14 of educating health professionals about substance abuse.

15 (b) MEETINGS.—The interagency oversight com-
16 mittee established under subsection (a) shall meet at least
17 twice each year at the call of the Director of the Office
18 of National Drug Control Policy.

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